

## **Property Exclusion from Pesticides**

Date:

Please exclude the following property from mosquito control activities this year:

Resident name:

Address:

Town:

Telephone number:

Property owner (if different):

Address of owner:

Town:

Types of mosquito control applications to be excluded:

\_\_\_\_\_ Adulticiding

\_\_\_\_\_ Larviciding

This form must be submitted by certified letter dated between January 1 and March 1, of the year the exclusion is requested, to the Town Clerk in the town in which the property exists. The exclusion will run from April 1 of that year to March 31 of the following year.